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CONFIRMATION NO. 7223

<b>SERIAL NUMBER</b> 10/635,081	<b>FILING OR 371(c) DATE</b> 08/06/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> AM100632D1
<b>APPLICANTS</b> Thomas M. Argentieri, Yardley, PA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/114,148 04/02/2002 ABN which claims benefit of 60/281,471 04/04/2001  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 11/04/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 6
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 25291				
<b>TITLE</b> METHODS FOR TREATING HYPERACTIVE GASTROINTESTINAL MOTILITY				
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	